

# APPLICATION FOR CERTIFICATION IN FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY

by the

International Board for Certification  
in Facial Plastic and Reconstructive Surgery



in cooperation with

The International Federation of Facial Plastic Surgery Societies

and

The Global Alliance

Applications due: January 15, 2026

## **Credentials Committee Representatives**

### Australasian Academy of Facial Plastic Surgery

Tuan Pham, M.D., FRACS

### Brazilian Academy of Facial Plastic Surgery

Tomas Patrocínio, M.D.

### Colombian Society of Otolaryngology/Head and Neck Surgery

Jorge Espinosa, M.D.

### European Board for Certification in Facial Plastic and Reconstructive Surgery

Koen Ingels

### Facial Reconstructive & Cosmetic Surgery (INDIA)

Vishwas Vijayadev, M.D.

### Mexican Society of Rhinology and Facial Surgery

David Galarza Lozano, M.D.

### Pan Asia Academy of Facial Plastic and Reconstructive Surgery

Edward Zhang, MD

### At-large candidates:

Roxana Cobo, M.D., IBCFPRS Immediate Past President and Credentials Chairperson

## **IFFPSS Member Societies**

American Academy of Facial Plastic and Reconstructive Surgery

ASEAN Academy of Facial Plastic and Reconstructive Surgery

Australasian Academy of Facial Plastic Surgery

Brazilian Academy of Facial Plastic Surgery

Canadian Academy of Facial Plastic and Reconstructive Surgery

Colombian Society of Facial Plastic Surgery and Rhinology

Ecuadorian Academy of Facial Plastic Surgery

European Academy of Facial Plastic Surgery

Facial Reconstructive & Cosmetic Surgery (INDIA) (FRCSI)

Korean Academy of Facial Plastic and Reconstructive Surgery

Mexican Society of Rhinology and Facial Surgery

Pan Asia Academy of Facial Plastic and Reconstructive Surgery

Taiwan Academy of Facial Plastic and Reconstructive Surgery

Venezuelan Society of Rhinology and Facial Plastic Surgery

# IBCFPRS APPLICATION FOR CERTIFICATION

## INTRODUCTION

Read all instructions carefully and study the IBCFPRS Booklet of Information before entering any information. Applicants bear the sole responsibility for preparation and delivery of the application, meeting all eligibility criteria, application deadlines, and submission requirements. Only applications that are complete, clear, and accurate will be reviewed. Incomplete applications will be returned for correction, and the delay may jeopardize the timely review of your application.

The official language of the IBCFPRS is English. As such, the Board's examination is given in English. The application MUST BE COMPLETED IN ENGLISH. English is preferred for your operative reports. If your operative reports are not in English, please contact the Board's office at [Lnovitsky@abfprs.org](mailto:Lnovitsky@abfprs.org) or [Lwirth@abfprs.org](mailto:Lwirth@abfprs.org) to clarify if the Board can evaluate your reports in their current form.

**We strongly advise that you keep a copy of your completed application and all supporting documents for reference, should a question arise during review of your application.**

The original of your application should be submitted no later than January 15, 2026. Send the application and all supporting documents at one time in the same zip drive, google drive or other cloud-based file sharing site to Lisa Novitsky, Director of Credentials/IBCFPRS at [Lnovitsky@abfprs.org](mailto:Lnovitsky@abfprs.org) .

Applications are reviewed by the Credentials Committee. During the course of review, applicants may be asked to provide additional information from any of the following: medical licensing boards, local medical societies, specialty certifying boards, surgeons from the geographical area where the applicant practices, training program directors, hospital chiefs of staff and/or other individuals familiar with the applicant's knowledge, experience, attitude, and moral and ethical standing

This is a fillable PDF application. Fill out the form in its entirety and include it with the rest of your materials when you submit your application. Please note that the completed application is to be signed, with your signature witnessed and authenticated by the appropriate official or authority for your country.

Your application materials should be submitted as described on the following page.

**Your Application, Sequential Operative Log and Operative Reports MUST be in English, typewritten, using a size 10 or larger font.**

**Checklist for IBCFPRS Application**

- 1. Completed application (MUST be in English and typewritten), including tally
- 2.
  - Additional information required by question 14 (if necessary)
  - Copy of Medical School Diploma
  - Copies of Medical Licenses (copies of online license verification or copies of wallet card are acceptable)
  - Copies of Board Certifications (copies of congratulatory letter on letterhead or copies of online verification are acceptable)
  - Facility Accreditations (if applicable – copies of online facility accreditation verification are acceptable)
  - Verification of Hospital Staff Privileges
- 3. Sequential Operative Log (MUST be in English and typewritten using size 10 or larger font)
- 4. Years 1 and 2 Operative Reports (MUST be in English and typewritten)
  - Submit each report separately – do not run them together
  - If using CPT codes, they may be hand or typewritten on report
  - Label reports in chronological order
  - Provide separate files for each year's reports

Remember to:

- Email or fax your payment form to the IBCFPRS office to [Lnovitsky@abfprs.org](mailto:Lnovitsky@abfprs.org) or [Lwirth@abfprs.org](mailto:Lwirth@abfprs.org).
- Request that your three letters of recommendation be emailed directly to Lisa Novitsky, Credentials Director/IBCFPRS at [Lnovitsky@abfprs.org](mailto:Lnovitsky@abfprs.org) . European candidates should send letters of recommendation to Koen Ingels, Chair of Credentialing/EBCFPRS at [koeningels@outlook.com](mailto:koeningels@outlook.com).
- It is strongly recommended that you keep a copy of all application materials for your reference and in the event that your application becomes lost in transit.

# IBCFPRS APPLICATION FOR CERTIFICATION

1. Date of Application: \_\_\_\_\_  
Month Day Year

2. Name: \_\_\_\_\_  
First Last

3. Preferred Name: \_\_\_\_\_

4. Degree (check one):  M.D.  D.O.  MD/OMFS Enclose copy of your medical school diploma.

5. IFFPSS Sponsoring Society Membership: Indicate the IFFPSS Society of which you are a member. If you do not hold membership in one of the 14 societies or academies listed on the application cover page, write At-Large in the space below.

Please email [Lnovitsky@abfprs.org](mailto:Lnovitsky@abfprs.org) or [Lwirth@abfprs.org](mailto:Lwirth@abfprs.org) to clarify any questions you might have regarding the appropriate society or designation.

\_\_\_\_\_  
Society Name or At-Large

6. Office Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
Number and Street

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Number and Street (cont.)

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Number and Street (cont.)

\_\_\_\_\_  
Number and Street (cont.)

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Number and Street (cont.)

\_\_\_\_\_  
City Province/State

\_\_\_\_\_  
City Province/State

\_\_\_\_\_  
Country Postal Code

\_\_\_\_\_  
Country Postal Code

7. Telephone Numbers:

Office: (\_\_\_\_\_) \_\_\_\_\_  
Country Code Number

Fax: (\_\_\_\_\_) \_\_\_\_\_  
Country Code Number

Residence: (\_\_\_\_\_) \_\_\_\_\_  
Country Code Number

Fax: (\_\_\_\_\_) \_\_\_\_\_  
Country Code Number

Mobile: (\_\_\_\_\_) \_\_\_\_\_  
Country Code Number

8. Preferred E-mail: \_\_\_\_\_

9. Date of Birth: \_\_\_\_\_

10. Education:

All educational experience must be included. List institution, location, degree, and month and year of completion/graduation. Include a copy of your medical school diploma.

Institution, City/Country, Degree, Graduation: Mo./Yr.

Undergraduate: \_\_\_\_\_

\_\_\_\_\_

Medical: \_\_\_\_\_

\_\_\_\_\_

Residency: \_\_\_\_\_

\_\_\_\_\_

Fellowship (if applicable): \_\_\_\_\_

\_\_\_\_\_

Fellowship Director and Email Address: \_\_\_\_\_

\_\_\_\_\_

11. Licensure:

List all medical licenses you currently hold or have ever held. Enclose photocopies, displaying expiration dates, of all current licenses (wallet card acceptable).

Province/Country, License Number, Date Obtained

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12. Board Certification:

List all boards from which you have earned certification. Enclose a copy of your certificate(s).

Name of Board, Date of Certification

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13. Hospital Appointments:

In chronological order, list all past and present hospital appointments and practice settings. All time in medical practice (civil and military) must be included, with any gaps in time explained on a separate sheet of paper. For current hospital appointments, enclose verification of your hospital staff privileges and, if appropriate, copies of facility accreditations. If you operate in an office facility using local anesthesia for your procedures, provide evidence of hospital staff privileges or provide evidence of formal arrangement with a neighboring hospital for transfer of patients needing hospitalization.

If you do not have hospital privileges in facial plastic surgery, provide an explanation for this lack of privileges, especially if related to adverse action by a hospital.

Institution/Practice Name, Location, Dates: Mo./Yr. From-To

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#### 14. Credentials Questionnaire:

Place a checkmark beside "Yes" or "No," as appropriate. If "Yes," give full details on a separate sheet of paper. The IBCFPRS reserves the right to verify information given below with your provincial/state/national board of medical examiners.

- a. Has your license to practice your profession in any jurisdiction ever been disciplined, limited, suspended, revoked, denied, or subjected to probationary condition, or have proceedings toward any of those ends ever been instituted?  YES  NO
- b. Have your clinical privileges at any hospital or healthcare institution ever been limited, suspended, revoked, not renewed, or subject to probationary conditions, or have proceedings toward any of these ends ever been instituted or recommended by a standing medical staff committee or governing body?  YES  NO
- c. Has your medical staff membership status at any hospital ever been limited, suspended, revoked, not renewed, or subject to probationary conditions or have proceedings toward any of these ends ever been instituted or recommended by a standing medical staff committee or governing body?  YES  NO
- d. Have you ever been denied membership on a hospital staff or advancement in medical staff status?  YES  NO
- e. Have you ever been denied membership or renewal thereof or been subject to any disciplinary action in any medical organization or professional society, local, state, or national, or have proceedings toward any of those ends ever been instituted?  YES  NO
- f. Has your specialty board certification or eligibility ever been denied, revoked, relinquished, not renewed, suspended, reduced, or have proceedings toward any of those ends ever been instituted?  YES  NO
- g. Has your controlled substances authorization ever been denied, revoked, suspended, reduced, voluntarily surrendered or not renewed, or have proceedings toward any of those ends ever been instituted?  YES  NO
- h. Have you ever voluntarily relinquished a medical staff membership, a clinical privilege, a medical organization or professional society membership, or a narcotics registration in lieu of formal action?  YES  NO
- i. Have you ever been charged with or convicted of a felony?  YES  NO
- j. Do you presently have a physical or mental health condition that affects or is reasonably likely to affect your ability to perform your professional duties?  YES  NO
- k. Do you have or have you had a substance abuse problem?  YES  NO
- l. Are there currently pending any professional medical misconduct proceedings against you in this country or province or another country or province?  YES  NO
- m. Have there been any findings of or investigations into professional misconduct by you in this or another country or province by a licensing or disciplinary board, or national or provincial agency?  YES  NO
- n. Have you ever represented yourself in advertisements, or in any other written or oral form, as already certified by, or in any other way affiliated with, the IBCFPRS or the ABFPRS?  YES  NO
- o. Have any malpractice suits been filed or settled against you in any country or province within the last five years?  YES  NO

**15. Code of Ethics:**

By initials in the box below, signify your agreement to adhere to the IBCFPRS Code of Ethics.

A certificant should pursue the practice of surgery with scientific honesty and place the welfare of patients above all else.

A certificant should advance constantly in knowledge and render willing help and teaching to colleagues in medicine and seek their counsel when in doubt about the certificant's own judgment.

The certificant should abide by the general principles of truthful advertisement of medical and surgical services.

The certificant should not practice the division of fees either directly or indirectly and should make fees commensurate with the services rendered.

The IBCFPRS does not endorse out of field surgery by surgeons who have not completed certification requirements in the specialty relevant to the services performed. The organization conferring said board certification should meet the criteria of well-recognized and authoritative organizations.

Initial agreement here.

16. Recommendations:

Three letters of recommendation are required from physicians certified by one of the following: the IBCFPRS, your national specialty board in Otolaryngology or Plastic Surgery, ABFPRS, ABOHNS, ABPS, or the RCPSC in Otolaryngology-Head and Neck Surgery, RCPSC in Plastic Surgery or for MD/OMFS only– MD/OMFS Surgeons. Please indicate their names and certifications on the next page.

To prevent even the appearance of recommendations designed to promote financial gain, the various Credentials Committees do not accept letters from a candidate's private practice partners or associates, but they accept letters from residency or fellowship directors, department heads, or other professional colleagues who are familiar with the quality of your work and have earned the appropriate certification. Letters should include the following information: how long the physician has known you, whether your acquaintance continues to the present, the opportunities the physician has had to form a judgment about your integrity and general character, what reservations the physician has (if any) about recommending you for certification, and additional comments as the physician deems appropriate.

Please note that reference letters should be sent directly to Lisa Novitsky at [lnovitsky@abfprs.org](mailto:lnovitsky@abfprs.org) (for IBCFPRS) or Koen Ingels (for EBCFPRS) at [koeningels@outlook.com](mailto:koeningels@outlook.com).

1.

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Physician name, email address, and certification (IBCFPRS/National Specialty Board/ABFPRS/ABOHNS/ABPS/RCPSC)

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Title/Institution (if applicable)

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Street/Mailing Address

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City Province/State Country Postal Code

2.

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Physician name, email address, and certification (IBCFPRS/National Specialty Board/ABFPRS/ABOHNS/ABPS/RCPSC)

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Title/Institution (if applicable)

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Street/Mailing Address

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City Province/State Country Postal Code

3.

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Physician name, email address, and certification (IBCFPRS/National Specialty Board/ABFPRS/ABOHNS/ABPS/RCPSC)

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Title/Institution (if applicable)

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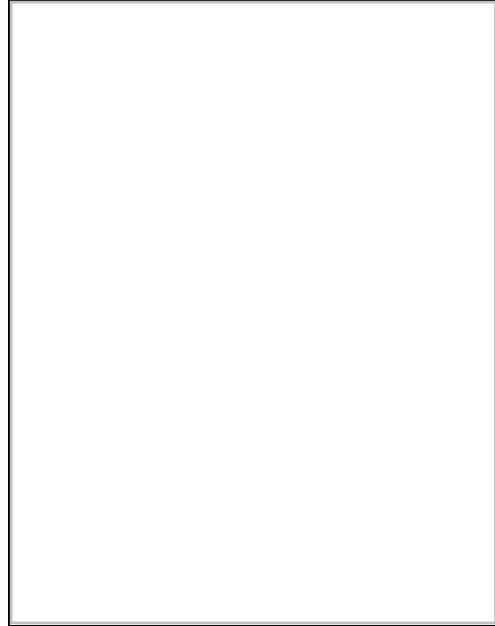
Street/Mailing Address

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City Province/State Country Postal Code

17. Photographs:

Digitally insert or manually affix one photograph in the square below. Photograph should be no larger than 3" x 4" and should be signed on the front. Email a second photograph in jpeg format, which is used to identify you when you register for the examination, to the ABFPRS office at [meharp@abfprs.org](mailto:meharp@abfprs.org) . Your application for certification by the IBCFPRS is not complete without the digital photograph.



18. Operative Experience Reporting:

A. Define the consecutive two years (24 months), of your reporting period. A "year" may begin, within the past five years, on any date of your choosing, but may only cover 52 weeks. Procedures performed as part of a fellowship program are not acceptable for submission.

Year 1: \_\_\_\_\_ to \_\_\_\_\_ Year 2: \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year

B. Sequential Operative Log: Using the form included in the following pages, or its equivalent, list EVERY eligible facial plastic and reconstructive procedure performed over both years of your reporting period. (Include ONLY procedures on the list of Acceptable Procedures). Procedures performed as part of a fellowship program are not acceptable for submission.

Your SOL must be entirely in chronological order, not separated by facility, and must include: date of procedure, patient's name or initials, surgical facility, appropriate terminology for the procedure, and must be typewritten in English using a size 10 or larger font. A sample completed SOL is included in the following pages.

CPT codes as used by the American Medical Association are optional, but the procedure description must correspond to the one description in the List of Acceptable Procedures that best fits each procedure. For instance, if a septoplasty (30520) is performed with a rhinoplasty (30420), only count the rhinoplasty.

C. Operative Reports: Using your Sequential Operative Log as a guide, select 50 different cases per year for each of your two selected years, for a total of 100 cases. Submit operative reports on these cases. Eligible operative reports may involve multiple procedures, but they are counted as one report only.

Eligible operative reports MUST be in English, typewritten using a size 10 or larger font, be stapled individually and arranged in

chronological order.

Eligible case reports must use the procedural terminology from the List of Acceptable Procedures. The five-digit CPT code, though not required, may also be provided to clarify for the Credentials Committee the precise work for which you are requesting credit. The CPT code may be handwritten on your reports.

In selecting which of your eligible cases to submit, consider cases that will help the Credentials Committee understand the breadth as well as depth of your caseload, and your experience with major procedures. ONLY reports that include procedures on the List of Acceptable Procedures are eligible to be submitted for credit as operative reports. The Committee will reject those not on the List of Acceptable Procedures, those over the Limited Procedures limit (see Limited Procedures in Part D below), and is likely to reject cases that are too minor or general or too similar to a large percentage of other cases submitted.

**Eligible case reports must clearly show that you were the primary surgeon. If your operative reports do not identify you as the attending surgeon, include an explanation of the discrepancy.** Procedures performed as part of a fellowship program are not acceptable for submission. Candidates from teaching hospitals or the military must submit a letter from their institution verifying that they held a full-time faculty or supervisory medical staff position for each of the two years selected, that their duties included supervising residents whose names appear as primary surgeon on operative reports, and that they were the surgeon who had the pre-, intra- and post-operative responsibility that comprised the majority of care for the patient. Operative reports must reflect in dictation that the supervisory surgeon was physically present and actively involved during the critical portions of the procedure.

Specifically, operative reports should include, as a minimum:

- Patient name or initials, date of birth or age
- Date of surgery and facility name
- Name of the primary surgeon and assistants
- Diagnosis, preoperative and postoperative
- Indications for procedure
- Procedures, identified by CPT nomenclature and codes
- Anesthesia used
- Details of procedure
- Other such elements as are necessary to assure and indicate a high standard of patient care, such as findings, drains, specimens, disposition of patient

When the procedure involves flaps, the defect size and location and the size of the flap must be noted. Excisions and repairs should include size, margins, layers repaired, plus any specific undermining and length of the repaired wound. If a laser is used, its setting and the number of passes must be noted. Chemical peel reports should include indications for procedure and type of solution used.

D. Limited Procedures: IBCFPRS has set limits on certain procedures (table included in this application), which affects (1) how many operative reports an applicant may submit on these procedures and (2) how many of these procedures may be counted on the Sequential Operative Log.

A numeral such as 5/20 means that IBCFPRS limits applicants to 5 operative reports per year total for this grouping. However, 20 additional procedures/patients per year for the codes in this grouping may be listed on the Sequential Operative Log.

Similarly, 5/0 means that you are limited to 5 operative reports per year total for the codes in this grouping, and may not submit additional procedures for credit in the Sequential Operative Log and in the related procedural tally. A total of 5 per year of the procedure in question would be listed on the Sequential Operative Log.

E. Procedural Tally: Using your Sequential Operative Log, tally (count) precisely the number of eligible procedures you performed as primary surgeon in each of the two years selected. Your subtotals should exclude procedures that exceed any limits specified on the table of Limited Procedures. NOTE: The Credentials Committee may ask you to provide operative reports, photographs, or other documentation to substantiate any procedure reported on either your Sequential Operative Log or in your Operative Reports.

The Sequential Operative Log form and example, list of Acceptable Procedures, and table of Limited Procedures are included in this application.

19. Examination and Certification Fee:

Using the attached payment form, forward credit card authorization to Lisa Novitsky at [Lnovitsky@abfprs.org](mailto:Lnovitsky@abfprs.org) in payment for the examination and certification.

European candidates:

Please transfer EUR 4,950 to the following account:

Stichting EBCFPRS

IBAN: NL15 ABNA 0120 0865 81

BIC Number: ABNANL2A

IMPORTANT:

PLEASE REFERENCE THE PAYMENT WITH YOUR OWN NAME AND SEND A RECEIPT OF PAYMENT MADE BY EMAIL to dr. Dirk Jan Menger

[d.j.menger@gmail.com](mailto:d.j.menger@gmail.com)).

For payment-related questions, please contact dr. Dirk Jan Menger

[d.j.menger@gmail.com](mailto:d.j.menger@gmail.com)).

20. Agreements:

Carefully read the terms of this section and signify your agreement by affixing your full legal signature on the line provided. Have your signature witnessed and authenticated by the appropriate official or authority for your country. The original should be scanned and attached as part of your application.

I hereby apply to the IBCFPRS for certification in accordance with its rules, regulations, and policies. I have enclosed payment of the certification and examination fee. I understand that only the examination portion of this fee will be returned if my application to sit for the examination is not accepted, and that no portion of the fee is refundable once I am scheduled to sit for the examination, except as provided for by the IBCFPRS. I authorize the IBCFPRS prior or subsequent to my examination to make whatever inquiries and investigation it deems necessary to ascertain and verify my qualifications, credentials, professional standing, moral and ethical character, and to disclose information in that process that the society has received.

I further covenant and agree to hold the IBCFPRS, the members of its board of directors, examiners, officers, staff, and agents harmless and free from any claims or demands for damage or otherwise by reason of any act of omission or commission that they may make in connection with this application, the scores given with respect to my examination, or any failure of the society to issue to me a certificate. I understand that the decision as to whether my examination qualifies me for certification rests solely and exclusively with the IBCFPRS and that its decision is final.

I confirm that I have read the Introduction to the IBCFPRS Certification Application and the Booklet of Information provided with this application by the Board and understand their contents. The terms and provisions of the Introduction and the Booklet of Information are hereby incorporated in the terms of this agreement by reference and are part of this application for examination.

\_\_\_\_\_  
Full, Legal Signature of Applicant

\_\_\_\_\_  
Date

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
\_\_\_\_\_ did appear before me and swore that the  
above information is true, accurate, and complete.

I hereto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature, Title, Jurisdiction

My appointment expires on \_\_\_\_\_





## 18B – EXAMPLE

John D. Lekker, M.D. – Sequential Operative Log

Year 1: July 1, 2024– June 30, 2025

REPORT INCLUDED	DATE	PATIENT NAME	FACILITY	PROCEDURE(S)	CPT (Optional)
1	07/06/23	Anne Zeigler	Office	Upper blepharoplasty	15822
	07/06/23	Benjamin Yung	Office	Complex repair, chin, 1.4 cm	13151
2	07/07/23	Julia DeVries	Central Hospital	Facelift Neck lipectomy	15828 15876
3	07/11/23	Adi Kumar	Central Hospital	Revision rhinoplasty Harvest ear cartilage	30450 21235
	07/13/23	Ellie Unger	Office	Earlobe repair	69110
4	07/13/23	Frances Thompson	Office	Excision, malignant lesion, 1.4 cm	11642
	07/13/23	Lucas Rodriguez	Office	Drainage, ear hematoma	69005
5	07/18/23	Frances Thompson	Central Hospital	Excision of posterior neck cyst with ATR Surgical preparation	14040 15004
	07/26/23	Maria dos Santos Pereira	City Surgery Ctr.	Septoplasty	30520
	07/26/23	Leia Leung	City Surgery Ctr.	Otoplasty	69300
6	07/26/23	Jaqueline Davies	City Surgery Ctr.	Upper blepharoplasty Lateral brow lift	15822 15824
7	08/01/23	Emma Chong	Central Hospital	Rhytidectomy Neck lift Submentoplasty Upper blepharoplasty Fat transfer	15828 15825 15876 15822 15770
8	08/08/23	Lena Meyer	Central Hospital	Septorhinoplasty	30420
	08/04/23	Isabella Garcia	City Surgery Ctr.	Rhinoplasty Dermabrasion (seg.)	30410 15781

## **IBCFPRS LIST OF ACCEPTABLE PROCEDURES**

CPT five-digit nomenclature and other data are copyright 2025 American Medical Association. All Rights Reserved.  
 No fee schedules, basic units, relative values or related listing are included in CPT.  
 The AMA assumes no liability for the data contained herein.

CPT© 2025 American Medical Association. All Rights Reserved.

**\*Please see attached list of limited procedures**

<b>I. HEAD AND NECK PROCEDURES</b>	
20144	Excision of malignant tumor of mandible
21045	radical resection
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (e.g. locally aggressive or destructive lesion(s))
21047	requiring extra-oral osteotomy and partial mandibulectomy (e.g. locally aggressive or destructive lesion(s))
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (e.g. locally aggressive or destructive lesion(s))
20149	requiring extra-oral osteotomy and partial maxillectomy (e.g. locally aggressive or destructive lesion(s))
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm <b>(limited procedure*)</b>
21552	3 cm or greater <b>(limited procedure*)</b>
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (e.g., intramuscular); less than 5cm <b>(limited procedure*)</b>
21554	5 cm or greater <b>(limited procedure*)</b>
21557	Radical resection of tumor (e.g. sarcoma), soft tissue of neck or anterior thorax, less than 5 cm
21558	5 cm or greater
30117	Excision or destruction, any method (including laser), intranasal lesion; internal approach <b>(limited procedure*)</b>
30118	external approach (lateral rhinotomy)
30120	Excision or surgical planning of skin of nose for rhinophyma
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous
30125	complex, under bone or cartilage
30150	Rhinectomy; partial
30160	total
31225	Maxillectomy; without orbital exenteration
31230	with orbital exenteration (en bloc)
31750	Tracheoplasty; cervical
31780	Excision tracheal stenosis and anastomosis; cervical
31825	Surgical closure tracheostomy or fistula; with plastic repair
31830	Revision of tracheostomy scar
38500	Biopsy or excision of lymph nodes(s) – for the use of sentinel node biopsy
38555	Excision of cystic hygroma, cervical; with deep neurovascular dissection
38700	Suprahyoid lymphadenectomy
38720	Cervical lymphadenectomy (complete)
38724	Cervical lymphadenectomy (modified radical neck dissection)
40840	Vestibuloplasty; anterior
40845	complex (including ridge extension, muscle repositioning)
40899	Unlisted Procedure, vestibule of the mouth – for the use of depressor angular oris (DA) muscle resection
41130	Glossectomy; hemiglossectomy
41135	partial with unilateral radical neck dissection

<b>I. HEAD AND NECK PROCEDURES</b>	
41140	complete or total, with or without tracheostomy, without radical neck dissection
41145	complete or total, with or without tracheostomy, with unilateral radical neck dissection
41150	composite procedure with resection floor of mouth and mandibular resection without radical neck dissection
41153	composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155	composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)
42107	Excision, lesion of palate; with local flap closure
42120	Resection of palate or extensive resection of lesion
42182	Repair, laceration of palate; over 2 cm or complex
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420	total, with dissection and preservation of facial nerve
42425	total, en bloc removal with sacrifice of facial nerve
42426	total, with unilateral radical neck dissection
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (e.g., tongue, buccal)
42845	closure with other flap
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy
60212	with contralateral subtotal lobectomy, including isthmusectomy
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy
60225	with contralateral subtotal lobectomy, including isthmusectomy
60240	Thyroidectomy, total or complete ( <b>limited procedure*</b> )
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection ( <b>limited procedure*</b> )
60254	with radical neck dissection ( <b>limited procedure*</b> )
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid ( <b>limited procedure*</b> )
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach ( <b>limited procedure*</b> )
60271	cervical approach ( <b>limited procedure*</b> )
60280	Excision of thyroglossal duct cyst or sinus
60281	recurrent
60500	Parathyroidectomy or exploration of parathyroid(s):
60502	re-exploration
60505	with mediastinal exploration, sternal split or transthoracic approach
60512	Parathyroid autotransplantation (List separately in addition to code for primary)
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve ( <b>limited procedure*</b> )

<b>II. TRAUMA PROCEDURES</b>	
21315	Closed treatment of nasal bone fracture; without stabilization ( <b>limited procedure*</b> )
21320	with stabilization ( <b>limited procedure*</b> )
21325	Open treatment of nasal fracture; uncomplicated ( <b>limited procedure*</b> )
21330	complicated, with internal and/or external skeletal fixation ( <b>limited procedure*</b> )
21335	with concomitant open treatment of fractured septum ( <b>limited procedure*</b> )
21336	Open treatment of nasal septal fracture, with or without stabilization ( <b>limited procedure*</b> )
21337	Closed treatment of nasal septal fracture, with or without stabilization ( <b>limited procedure*</b> )
21338	Open treatment of nasoethmoid fracture; without external fixation
21339	with external fixation
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21343	Open treatment of depressed frontal sinus fracture
21344	Open treatment of complicated (e.g., comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	requiring multiple open approaches
21348	with bone grafting (includes obtaining graft)
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	Open treatment of depressed zygomatic arch fracture (e.g., Gillies approach)
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod, with internal fixation and multiple surgical approaches
21366	with bone grafting (includes obtaining graft)
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386	periorbital approach
21387	combined approach
21390	periorbital approach, with alloplastic or other implant
21395	periorbital approach with bone graft (includes obtaining graft)
21400	Closed treatment of fracture of orbit, except blowout; without manipulation
21401	with manipulation
21406	Open treatment of fracture of orbit, except blowout; without implant
21407	with implant
21408	with bone grafting (includes obtaining graft)
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422	Open treatment of palatal or maxillary fracture (LeFort I type)
21423	complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	complicated (e.g., comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)

<b>II. TRAUMA PROCEDURES</b>	
21436	complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	Closed treatment of mandibular fracture; without manipulation
21451	with manipulation
21452	Percutaneous treatment of mandibular fracture, with external fixation
21453	Closed treatment of mandibular fracture with interdental fixation
21454	Open treatment of mandibular fracture with external fixation
21461	Open treatment of mandibular fracture; without interdental fixation
21462	with interdental fixation
21465	Open treatment of mandibular condylar fracture
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints

<b>III. RECONSTRUCTIVE PROCEDURES</b>	
11621	Excision, malignant lesion including margins, scalp and neck only; excised diameter 0.6 to 1.0 cm <b>(limited procedure*)</b>
11622	excised diameter 1.1 to 2.0 cm <b>(limited procedure*)</b>
11623	excised diameter 2.1 to 3.0 cm <b>(limited procedure*)</b>
11624	excised diameter 3.1 to 4.0 cm <b>(limited procedure*)</b>
11626	excised diameter over 4.0 cm
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm <b>(limited procedure*)</b>
11642	excised diameter 1.1 to 2.0 cm <b>(limited procedure*)</b>
11643	excised diameter 2.1 to 3.0 <b>(limited procedure*)</b>
11644	excised diameter 3.1. to 4.0 cm
11646	excised diameter over 4.0 cm
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
12031	Repair, intermediate, wounds of scalp only; 2.5 cm or less <b>(limited procedure*)</b>
12032	2.6cm to 7.5 cm <b>(limited procedure*)</b>
12034	7.6 cm to 12.5 cm <b>(limited procedure*)</b>
12035	12.6 cm to 20.0 cm <b>(limited procedure*)</b>
12036	20.1 cm to 30.0 cm <b>(limited procedure*)</b>
12037	Over 30.0 cm <b>(limited procedure*)</b>
12041	Repair, intermediate, wounds of neck only; 2.5 cm or less <b>(limited procedure*)</b>
12042	2.6 cm to 7.5 cm <b>(limited procedure*)</b>
12044	7.6 cm to 12.5 cm
12045	12.6 cm to 20.0 cm
12046	20.1 to 30.0 cm
12047	Over 30.0 cm
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less <b>(limited procedure*)</b>

<b>III. RECONSTRUCTIVE PROCEDURES</b>	
12052	2.6 cm to 5.0 cm <b>(limited procedure*)</b>
12053	5.1 cm to 7.5 cm <b>(limited procedure*)</b>
12054	7.6 cm to 12.5 cm
12055	12.6 cm to 20.0 cm
12056	20.1 cm to 30 cm
12057	Over 30.0 cm
13120	Repair, complex, scalp; 1.1 cm to 2.5 cm <b>(limited procedure*)</b>
13121	2.6 to 7.5 cm <b>(limited procedure*)</b>
13122	each additional 5 cm or less (List separately in addition to code for primary procedure) <b>(limited procedure*)</b>
13131	Repair, complex, forehead, cheeks, chin, mouth, or neck; 1.1 cm to 2.5 cm <b>(limited procedure*)</b>
13132	2.6 cm to 7.5 cm <b>(limited procedure*)</b>
13133	each additional 5 cm or less (List separately in addition to code for primary procedure)
13151	Repair, complex, eyelids, nose, ears, and/or lips; 1.1 cm to 2.5 cm <b>(limited procedure*)</b>
13152	2.6 to 7.5 cm <b>(limited procedure*)</b>
13153	each additional 5 cm or less (List separately in addition to code for primary procedure)
14020	Adjacent tissue transfer on rearrangement, scalp; defect 10 sq cm or less
14021	defect 10.1 to 30 sq cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck; defect 10 sq cm or less
14041	defect 10.1 to 30 sq cm
14060	Adjacent tissue transfer or rearrangement eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	defect 10.1 to 30 sq cm
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
14302	each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues, or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children) <b>(limited procedure*)</b>
15100	Split-thickness autograft, trunk, arms, legs, first 100 sq cm or less, or 1% of body area of infants and children (except 15050) <b>(limited procedure*)</b>
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits
15220	Full thickness graft, free, including direct closure of donor site, scalp; 20 sq cm or less
15221	each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck; 20 sq cm or less
15241	each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, lips; 20 sq cm or less
15261	each additional 20 sq cm or part thereof (List separately in addition to code for primary procedure)
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15276	each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
15278	each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)

<b>III. RECONSTRUCTIVE PROCEDURES</b>	
15572	Formation of direct or tubed pedicle, with or without transfer; scalp
15574	forehead, cheeks, chin, mouth, neck
15576	eyelids, nose, ears, lips, or intraoral
15610	Delay of flap or sectioning of flap (division and inset); at scalp
15620	at forehead, cheeks, chin, neck
15630	at eyelids, nose, ears or lips
15730	Midface flap (zygomaticofacial flap) with preservation of vascular pedicle(s)
15731	Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap, paramedian forehead flap)
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie. buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae) (For forehead flap with preservation of vascular pedicle use 15731) (For anterior pericranial flap on named vascular pedicle, for repair of extracranial defect, use 15731) (for repair of head and neck defects using non-axial pattern advancement flaps [including lesion] and/or repair by adjacent tissue transfer or rearrangement [e.g. Z-plasty, W-plasty, V-Y plasty, rotation flap, random island flap, advancement flap] see 14040, 14041, 14060, 14061, 14301, 14302)
15734	trunk
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel
15750	neurovascular pedicle
15756	Free muscle or myocutaneous flap with microvascular anastomosis
15757	Free skin flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
15760	Graft; composite (e.g., full thickness of external ear or nasal ala), including primary closure, donor area
15769	Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)
15770	derma-fat-fascia [use for autologous lipoinjections] ( <b>limited procedure*</b> )
15771	Grafting of autologous fat harvested by liposuction technique to scalp, 50 cc or less injectate ( <b>limited procedure*</b> )
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck ears, orbits; 25 cc or less injectate ( <b>limited procedure*</b> )
15776	Punch graft for hair transplant – more than 15 punch grafts per patient procedure <b>[Use for follicular unit extraction – FUE and follicular unit transplant – FUT] *5 operative reports are required if submitting more than 10 hair transplant procedures on the SOL. Reports must include documentation of harvest, transplant, design, etc.</b>
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841	free muscle graft (including obtaining graft)
15842	free muscle flap by microsurgical technique
15845	regional muscle transfer
17270	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck; lesion diameter 0.5 cm or less
17271	lesion diameter 0.6 to 1.0 cm
17272	lesion diameter 1.1 to 2.0 cm
17273	lesion diameter 2.1 to 3.0 cm
17274	lesion diameter 3.1 to 4.0 cm
17276	lesion diameter over 4.0 cm
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17281	lesion diameter 0.6 to 1.0 cm
17282	lesion diameter 1.1 to 2.0 cm
17283	lesion diameter 2.1 to 3.0 cm

<b>III. RECONSTRUCTIVE PROCEDURES</b>	
17284	lesion diameter 3.1 to 4.0 cm
17286	lesion diameter over 4.0 cm
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g., hematoxylin and eosin, toluidine blue), head, neck; first stage, up to 5 tissue blocks ( <b>limited procedure*</b> )
20680	Removal of implant; deep (e.g. buried wire, pin, screw, metal band, nail, rod or plate)
20900	Bone graft, any donor area; minor or small ( <b>limited procedure*</b> )
20955	Bone graft with microvascular anastomosis; fibula
20962	other than fibula, iliac crest, or metatarsal [use for scapula]
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest or metatarsal
21029	Removal by contouring of benign tumor of facial bone (eg fibrous dysplasia)
21137	Reduction forehead; contouring only
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft
21142	two pieces, segment movement in any direction, without bone graft
21143	three or more pieces, segment movement in any direction, without bone graft
21145	single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146	two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)
21147	three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteomies)
21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)
21151	any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	with LeFort I
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	with LeFort I
21172	Reconstruction superior – lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g. plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (Includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	with autograft (includes obtaining grafts)
21181	Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 cm <sup>2</sup>
21183	total area of bone grafting greater than 40 cm <sup>2</sup> but less than 80 cm <sup>2</sup>
21184	total area of bone grafting greater than 80 cm <sup>2</sup>
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C or L osteotomy; without bone graft
21194	with bone graft (includes obtaining graft)

<b>III. RECONSTRUCTIVE PROCEDURES</b>	
21195	Reconstruction of mandibular rami; and/or body, sagittal split; without internal rigid fixation
21196	with internal rigid fixation
21198	Osteotomy, with mandible, segmental;
21199	with genioglossus advancement ( <b>limited procedure*</b> )
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	mandible (includes obtaining graft)
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240	Arthroplasty, temporomandibular joint, with or without autograft, (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
21249	complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia)
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	combined intra-and extracranial approach
21263	with forehead advancement
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	combined intra-and extracranial approach
21275	Secondary revision of orbitocraniofacial reconstruction
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
21295	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach
21296	intraoral approach
21299	Unlisted craniofacial and maxillofacial procedure (Use for Transgender Facial Feminization – Mandible Contouring)
21499	Unlisted musculoskeletal procedure, head (Use for Transgender Facial Feminization – Forehead Contouring)
30465	Repair of nasal vestibular stenosis (e.g. spreader grafting, lateral nasal wall reconstruction) ( <b>excludes placement of minimally invasive alloplastic implants</b> )
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft ( <b>limited procedure*</b> )
31081	Sinusotomy, frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)
31084	obliterative, with osteoplastic flap, brow incision
31085	obliterative, with osteoplastic flap, coronal incision
31086	nonobliterative, with osteoplastic flap, brow incision

<b>III. <u>RECONSTRUCTIVE PROCEDURES</u></b>	
31087	nonobliterative, with osteoplastic flap, coronal incision
31292	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression
31293	with medial orbital wall and inferior orbital wall decompression
31294	with optic nerve decompression
31899	Unlisted procedure, trachea, bronchi (Use for Facial Feminization – Tracheal Shave)
35701	Exploration (not followed by surgical repair), with or without lysis or artery, carotid artery
35761	other vessels
40510	Excision of lip; transverse wedge excision with primary closure ( <b>limited procedure*</b> )
40520	V-excision with primary direct linear closure ( <b>limited procedure*</b> )
40525	full thickness, reconstruction with local flap (e.g., Estlander or fan)
40527	full thickness, reconstruction with cross lip flap (Abbe-Estlander) ( <b>limited procedure*</b> )
40650	Repair lip, full thickness, vermilion only
40652	up to half vertical height
40654	over one-half vertical height, or complex
42260	Repair of nasolabial fistula
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)
42953	Pharyngoesophageal repair
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula
43305	with repair of tracheoesophageal fistula
43496	Free jejunum transfer with microvascular anastomosis
61550	Craniectomy for craniosynostosis; single cranial suture
61552	multiple cranial sutures (For cranial reconstruction for orbital hypertelorism, see 21260-21263) (For reconstruction, see 21172-21180)
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap
61557	bifrontal bone flap
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (e.g., cloverleaf skull); not requiring bone grafts
61559	recontouring with multiple osteotomies and bone autografts (e.g., barrel-stave procedure) (includes obtaining grafts) (For reconstruction, see 21172-21180)
61563	Excision, intra and extracranial, benign tumor of cranial bone (e.g., fibrous dysplasia); without optic nerve decompression
61564	with optic nerve decompression (For reconstruction, see 21181-21183)
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
61581	extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
61582	extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base and anterior cranial fossa
61583	intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration
61585	with orbital exenteration
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft

<b>III. RECONSTRUCTIVE PROCEDURES</b>	
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra – or intradural elevation of temporal lobe
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural
61601	intradural, including dural repair, with or without graft
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
61606	intradural, including dural repair, with or without graft
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
61608	intradural, including dural repair, with or without graft
61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (e.g. pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)
61619	by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)
62140	Cranioplasty for skull defect; up to 5 cm diameter
62141	larger than 5cm diameter
62143	Replacement of bone flap or prosthetic plate of skull
64722	Decompression; unspecified nerve(s) (specify)
64771	Transection or avulsion other cranial nerve extradural
64864	Suture of facial nerve; extracranial
64865	infratemporal, with or without grafting
64866	Anastomosis; facial-spinal accessory
64868	facial-hypoglossal
64870	facial-phrenic
64872	Suture of nerve; requiring secondary or delayed suture
64874	requiring extensive mobilization, or transposition of nerve
64876	requiring shortening of bone extremity
64885	Nerve graft (includes obtaining graft), head or neck; up to 4.0 cm length
64886	more than 4.0 cm length
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4.0 cm length
64891	more than 4.0 length
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4.0 cm length
64893	more than 4.0 cm length
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4.0 cm length
64896	more than 4.0 cm length
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4.0 cm length
64898	more than 4.0 cm length
64901	Nerve graft, each additional nerve; single strand

<b>III. RECONSTRUCTIVE PROCEDURES</b>	
64902	multiple strands (cable)
64905	Nerve pedicle transfer; first stage
64907	second stage
64910	Nerve repair; with synthetic conduit or vein allograft (e.g., nerve tube), each nerve
64911	with autogenous vein graft (includes harvest of vein graft), each nerve
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
67405	with drainage only
67412	with removal of lesion
67413	with removal of foreign body
67414	with removal of bone for decompression
67420	Orbitotomy with bone flap or window, lateral approach (e.g., Kroenlein); with removal of lesion
67430	with removal of foreign body
67440	with drainage
67445	with removal of bone for decompression
67900	Repair of brow ptosis (supraciliary, midforehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (e.g., banked fascia)
67902	frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	(tarso) levator resection or advancement, internal approach
67904	(tarso) levator resection or advancement, external approach
67906	superior rectus technique with fascial sling (includes obtaining fascia)
67908	conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (e.g., gold weight)
67914	Repair of ectropion; suture
67915	thermocauterization
67916	excision tarsal wedge
67917	extensive (e.g., tarsal strip operations)
67921	Repair of entropion; suture
67922	thermocauterization
67923	excision tarsal wedge
67924	extensive (e.g., tarsal strip or capsulopalpebral fascia repairs operation)
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
67935	full thickness
67950	Canthoplasty (reconstruction of canthus)
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
67966	over one-fourth of lid margin
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage
67973	total eyelid, lower, one stage or first stage
67974	total eyelid, upper, one stage or first stage
67975	second stage
68700	Plastic repair of canaliculi
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)

<b>III. RECONSTRUCTIVE PROCEDURES</b>	
69005	Drainage external ear, abscess or hematoma; complicated <b>(limited procedure*)</b>
69110	Excision external ear; partial, simple repair <b>(limited procedure*)</b>
69120	complete amputation
69150	Radical excision external auditory canal lesion; without neck dissection
69155	with neck dissection
69310	Reconstruction of external auditory canal (meatoplasty) (e.g., for stenosis due to injury, infection) (separate procedure)
69320	Reconstruction of external auditory canal for congenital atresia, single stage
69535	Resection temporal bone, external approach

<b>IV. CONGENITAL PROCEDURES</b>	
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm (when used for the head and neck) <b>(limited procedure*)</b>
17107	10 – 50 sq cm (when used for the head and neck) <b>(limited procedure*)</b>
17108	over 50 sq cm (when used for the head and neck) <b>(limited procedure*)</b>
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	tip, septum, osteotomies
30540	Repair choanal atresia; intranasal
30545	transpalatine
30580	Repair fistula; oromaxillary
30600	oronasal
30630	Repair nasal septal perforations <b>(limited procedure*)</b>
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	primary bilateral, 1-stage procedure
40702	primary bilateral, 1 of 2 stages
40720	secondary, by recreation of defect and reclosure
40761	with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
42200	Palatoplasty for cleft palate, soft and/or hard palate only
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	with bone graft of alveolar ridge (includes obtaining graft)
42215	Palatoplasty for cleft palate; major revision
42220	secondary lengthening procedure
42225	attachment pharyngeal flap
42226	Lengthening of palate, and pharyngeal flap
42227	Lengthening of palate, with island flap
42235	Repair of anterior palate, including vomer flap
42810	Excision branchial cleft, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx <b>(limited procedure*)</b>
69300	Otoplasty, protruding ear, with or without size reduction

<b>V. COSMETIC PROCEDURES</b>	
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general, keratosis)
15781	segmental, face
15788	Chemical peel, facial; epidermal ( <b>limited procedure*</b> )
15789	dermal ( <b>limited procedure*</b> )
15819	Cervicoplasty
15820	Blepharoplasty, lower eyelid;
15821	with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	with excessive skin weighting down lid
15824	Rhytidectomy; forehead ( <b>use for hairline lowering/forehead reduction; cannot be used in addition to brow lift</b> )
15825	neck with platysmal tightening (platysmal flap, "P-flap")
15826	glabellar frown lines
15828	cheek, chin, and neck
15829	superficial musculoaponeurotic system (SMAS) flap
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad
15876	Suction assisted lipectomy; head and neck
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue [ <b>use for laser resurfacing, helium plasma dermal resurfacing and subcutaneous radiofrequency skin tightening procedures</b> ] *For Non-Surgical SPL, <b>when performed by surgeon</b> – minimum 100/procedures/month required [Use for all Neurotoxins and Dermal Fillers that are FDA approved in the U.S.; Deoxycholate (Kybella™ injections); PRP injections; microneedling with or without PRP/Biologics; energy-based treatments (IPL, ILOS, Lasers, Skin tightening); threadlifting, additional procedures subject to consideration.] ( <b>limited procedure*</b> )
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	sliding osteotomy, single piece
21122	sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
21123	sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	with bone graft, onlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21138	contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	contouring and setback of anterior frontal sinus wall
21270	Malar augmentation, prosthetic material
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	intermediate revision (bony work with osteotomies)
30450	major revision (nasal tip work and osteotomies)
40500	Vermilionectomy (lip shave), with mucosal advancement
40799	Unlisted procedure, lips ( <b>use for lip lift</b> ) ( <b>limited procedure*</b> )
40799	Unlisted procedure, lips ( <b>use for lip implants</b> ) ( <b>limited procedure*</b> )

**IBCFPRS LIMITED PROCEDURES**

<b>Procedure*</b>	<b>Limit*</b>
11621, 11622, 11623, 11641, 11642, 11643: Excision, malignant lesion, including margins, scalp, neck, face, ears, lip; excised diameter up to 3.0 cm	5/0 (total per year for all codes in this category)
12031, 12032, 12041, 12042, 12051, 12052, 12053: Repair, intermediate, wounds of scalp, neck, face, ears, eyelids, nose, lips and/or mucous membranes up to 7.5 cm	5/5 (total per year for all codes in this category)
13120, 13121, 13131, 13132, 13151, 13152: Repair, complex, scalp, forehead, cheeks, chin, neck, mouth, eyelids, nose, ears, and/or lips up to 7.5 cm	5/5 (total per year for all codes in this category)
13122, 13133, 13153: Repair, complex, scalp, forehead, cheeks, chin, mouth, neck, eyelids, nose, ears, and/or lips, each additional 5 cm or less	0/5 used in conjunction with 13121, 13132, or 13152; limit to 1 per patient for total of 5 additional procedures
15004: Surgical prep or creation of recipient site	5/0
15100: Split-thickness autograft, trunk, arms, legs	Acceptable only to close secondary defect of a free flap harvest site (operative reports required)
15770: Graft; derma-fat-fascia (Use for autologous lipoinjections)	5/0 for autologous lipoinjections (operative reports required)
15771: Grafting of autologous fat harvested by liposuction technique to scalp, 50 cc or less injectate	5/0
15773: Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, or orbits; 25 cc or less injectate	5/0
15780, 15781: Dermabrasion (total or segmental face)	5/20 for total face, but <u>no</u> additional cases for segmental face
15788, 15789: Chemical peels	5/20 (medium and deep peels only)
15821 – 15824: Blepharoplasty	Bilateral counts as 1 procedure
17106 – 17108: Vascular lesion Rx	5/20
17270 – 17286: Malignant lesion Rx	5/0
17311: Mohs' surgery	5/0 if involving direct closure of wound <1 cm; no limit if wound is ≥1 cm and involves flaps or organs
17999: Laser resurfacing, helium plasma dermal resurfacing and subcutaneous radiofrequency skin tightening procedures	5/20
20900: Bone graft, any donor area; minor or small	5/0
21199: Osteotomy, mandible, segmental; with genioglossus advancement	5/0 if genioplasty for sleep apnea
21315, 21320, 21325, 21330, 21335, 21336, 21337: Nasal fractures	5/0 (total per year for all codes in this category)
21555: Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3cm 21552: 3 cm or greater	5/0 (total per year for both codes in this category)
21556: Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm 21554: 5 cm or greater	5/0 (total per year for both codes in this category)
30117: Excision or destruction, intranasal lesion (internal approach)	5/0
30520, 30630: Septoplasty, Septal perforation Rx	5/0
40510, 40520, 40527: Lip excision	5/0 no limit if involving wound ≥ 1 cm
40799: Unlisted procedure, lips (Use for lip implants)	5/0 (operative reports required)
40799: Unlisted procedure lips (Use for lip lifts)	10/0 (operative reports required)
42810: Excision branchial cleft, vestige, or fistula, extending beneath subcutaneous tissue and/or into pharynx	5/0
60240, 60252, 60254, 60260, 60270, 60271: Thyroidectomy	5/0 (total per year, for all codes in this category)
64788: Excision, neurofibroma or neurolemmoma: cutaneous nerve	5/0
69005: Drainage of ear hematoma	5/0
69110: Partial external ear repair	5/0
69300: Otoplasty	Bilateral counts as 1 procedure

**\*Limited credit may be given to other procedures at the Board's discretion.**